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CONFIRMATION NO. 5444

<b>SERIAL NUMBER</b> 09/634,038	<b>FILING OR 371(c) DATE</b> 08/08/2000 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 3738	<b>ATTORNEY DOCKET NO.</b> .206066
<b>APPLICANTS</b> Gregory S. Keller, Santa Barbara, CA;				
<b>** CONTINUING DATA *****</b> This application is a DIV of 09/003,378 01/06/1998 ABN which claims benefit of 60/037,961 02/20/1997				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 09/29/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 14
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26211				
<b>TITLE</b> Augmentation and repair of vocal cord tissue defects.				
<b>FILING FEE RECEIVED</b> 410	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	